

to your

Health!

"Promoting Good Health Through Information"

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Dementia and Driving: When to Put the Brakes On

Karyn Skultety, Ph.D.

Associate Director of Education and Evaluation, GRECC

It is hard for most of us to imagine giving up our cars. Our ability to drive allows us to go to work, attend appointments, and visit our families and friends. It also allows us to decide to go somewhere on a moment's notice. It's no wonder we relate our independence and freedom to our ability to get behind the wheel!

However, our ability to drive requires good judgment and quick reaction times. For a person with Alzheimer's disease or other form of dementia, these abilities often become impaired over time. Driving becomes difficult, and he or she may become unsafe on the roads. Families and individuals with dementia struggle with the decision to limit or stop driving.

A diagnosis of dementia or Alzheimer's Disease does not always mean that a person must stop driving. Ideally, a person with dementia would transition from driver to passenger over time. However, it is important that

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Visit our new patient education website at
<http://www.palo-alto.med.va.gov/patienteducation/patienteducation.htm>

Recipe for Health CORN CHOWDER

Ingredients:

1 Tbsp vegetable oil	2 Tbsp fresh parsley, chopped
2 Tbsp celery, finely diced	1 C water
2 Tbsp onion, finely diced	¼ tsp salt
2 Tbsp green pepper, finely diced	To taste black pepper
1 package (10 oz) frozen whole kernel corn	¼ tsp paprika
1 C raw potatoes, peeled, diced in ½ -inch pieces	2 Tbsp flour
	2 C low fat or skim milk

Directions:

1. Heat oil in medium saucepan. Add celery, onion, and green pepper and sauté for 2 minutes.
2. Add corn, potatoes, water, salt, pepper and paprika. Bring to boil, and then reduce heat to medium. Cook covered for about 10 minutes or until potatoes are tender.
3. Place ½ cup of milk in jar with tight fitting lid. Add flour and shake vigorously.
4. Gradually add milk-flour mixture to cooked vegetables. Then add remaining milk.
5. Cook, stirring constantly, until mixture comes to boil and thickens. Serve garnished with chopped, fresh parsley.

Yields: 4 servings Serving Size: 1 cup

Each serving provides:

Calories: 186	Fiber: 4 g
Total fat: 5 g	Protein: 7 g
Saturated fat: 1 g	Carbohydrates: 31 g
Cholesterol: 5 mg	Potassium: 455 mg
Sodium: 205 mg	

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Preventing Accidental Poisoning

Suzannah Patterson, Pharm.D.

Do you ever wonder why the pharmacy insists on dispensing medications with those annoying child-resistant caps when most of our veterans do not live with small children?

A study conducted by the American Association of Poison Control Centers found that 23% of the prescription pills that were taken accidentally by children under 5 belonged to someone who did not live with the child. Seventeen percent of the medicines belonged to a grandparent or great-grandparent. We do not want your grandchild or your neighbor's child to become one of the statistics!

Children are naturally curious and they move fast. Adults have to work hard to keep dangerous medications and other

potential poisonous products out of their mouths.

Children are not the only ones at risk for poisoning! Adults may also make mistakes by taking medications in the dark or not reading labels before taking their medicine. Poisoning can happen by mixing medications with alcohol, by taking someone else's medications, or by taking medications that have interactions with each other.

Many things can be poisonous to children and adults, including medications, household chemicals, and even houseplants. There are many things we can do to prevent accidental poisoning. To make your household a safer place, keep these suggestions in mind:

- Keep all chemicals and medicines locked up and out of sight.
- Use child-resistant packaging. Close the container securely after use.
- Avoid taking medicine in front of children. Refer to medicine as "medicine," not "candy."
- Clean out the medicine cabinet often. Safely dispose of unneeded medicines when the illness is over. Pour contents down the drain or the toilet, and rinse the containers before putting in the garbage.
- Never leave medicine, pesticides or other household chemicals unattended when you are using them--not even for a few minutes.
- Never transfer chemicals to other containers. Children may associate certain containers with food or drink.
- Read the label on all products before using.
- Always leave the light on when giving or taking medicine. Check the dosage every time.

So what should you do if you find a child or adult that you suspect might be the victim of a poisoning?

- Call the poison center (800-222-1222) immediately!

Have this number saved in your phone! Tell the experts as much as you can about what happened. They will tell you whether or not you need to give any type of antidote or if you need to take the victim to the hospital. Just remember to stay calm! Not all medications or household chemicals are poisonous, but it's always best to call the Poison Control Center just in case.

Reference: <http://www.cpsc.gov/cpscpub/pubs/386.html>

Driving Quiz

1. When driving in fog, you should use your:
 - a. Fog lights only
 - b. Low beams
 - c. Fog horn
2. A white painted curb means:
 - a. Loading zone for passengers or mail only
 - b. Loading zone for freight or passengers only
 - c. Loading zone for farm animals only
3. There is no crosswalk, and you see a pedestrian crossing your lane ahead. You should:
 - a. Slow down before passing him/her
 - b. Stop and let him/her finish crossing the street
 - c. Honk your horn and drive past them as fast as you can
4. California's "Basic Speed Law" says:
 - a. You should never drive faster than the posted speed limit
 - b. You should never drive faster than is safe for current conditions
 - c. You should never pretend you are in the final lap of NASCAR
5. Unless otherwise posted, the speed limit in residential areas is:
 - a. 25 MPH
 - b. 20 MPH
 - c. 65 MPH

Answers:

- 1) **B** 2) **A** 3) **B** 4) **B** 5) **A**

From: www.ots.ca

Dementia and Driving (continued from page 1)



caregivers and individuals with dementia consider the safety risks involved with driving. It is also crucial that driving stop immediately if the driver is unsafe or has advanced dementia.

Here are some ideas to help you and your loved ones make safe decisions about driving:

1) Make an Agreement

Begin to talk about driving before it is ever a concern. As with many health care decisions, it is useful to talk about your preferences early. Discuss with your family who will monitor your driving and who would ask you to give up your keys if necessary.

2) Monitor driving

Caregivers and family members of those with mild dementia should try to observe the person with dementia driving as often as they can. Keep a written record of what you notice (including great driving!). Share what you see with the person with dementia. Remember, open communication will help you make a change before a crisis occurs. Frequent observations work best. A single occurrence of poor driving is usually not cause to stop driving; however, it does suggest the need for more monitoring by loved ones.

3) Watch for Warning Signs

Warning signs include:

Incorrect signaling, trouble navigating turns; hitting curbs; moving into a wrong lane; driving too slow or too fast; confusion at exits; getting lost in familiar places; scrapes or dents on car, mailbox, or garage; near accidents; confusing gas and brake pedals.

4) Get A Driving Evaluation

No one likes having a driving evaluation, but it really is the best way to find out if you are safe on the road! Your primary care provider can refer you for a driving evaluation here at the VA. He or she may also refer you to the California Department of Motor Vehicles (DMV) for further evaluation. The DMV often requires that a person with dementia receives a driving evaluation and more frequent renewals of his or her driver's license.

5) Limit Driving

For most people in the early stages of dementia, it is best to reduce driving over time rather than all at once. This allows for the person to find other drivers and adjust to the

change gradually. Limited driving could include driving shorter distances, driving only on familiar roads, and avoiding driving at night.

6) Ask Others for Support

If you or your loved ones are concerned about driving, ask others for help. Family members and friends may have observed you driving and have valuable information to share. Talk with others involved in planning for your future. Caregivers will benefit from the support of others as they address this issue with the person with dementia. The decisions to limit or stop driving should not be faced alone!

7) Know when to say when

When it is clearly no longer safe for a person to drive, you must not delay in making a change. Many caregivers regret allowing their loved one with dementia to continue to drive when it was no longer safe. The result of waiting is prolonged periods of worry and stress, and guilt over placing others at risk. Worst of all, an innocent driver or bystander may be injured or killed.

For more information about driving and dementia, contact the Alzheimer's Association (www.alz.org, 1-800-272-3900), AARP (www.aarp.org, 1-800-424-3410) or the Hartford Foundation (<http://www.thehartford.com/alzheimers/index.html>). ■

Want to Learn More?



Look for these good books on popular issues:

Weight Loss Surgery: Is It Right for You? by Merle Goldberg. Published by Ingram, 2006. A guide on the physical, emotional, mental and environmental changes following surgery. Well illustrated.

The Complete Book of Hair Loss Answers by Peter Panagotacos. Published by Elite, 2006. Hair loss is a serious issue for many. Here's a professional, realistic look at past, present and future treatments. Straight-forward and thorough.

100 Questions and Answers about Erectile Dysfunction by Pamela Ellsworth. Published by Jones and Bartlett, 2003. What is it, what causes it, how it's evaluated, and how to treat it – from the doctor's and the patient's view. ■

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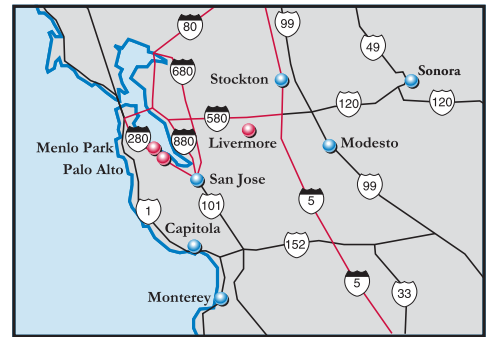
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www.palo-alto.med.va.gov



● = Inpatient Campus ● = Outpatient Clinic

Reading Food Labels

*Eileen Stein, MS, RD, CDE
Dietitian*

Reading a food label is easy. However, understanding what the food label is telling you can be a different story.

First, be sure to check the serving size, which is often much smaller than you think. For example, a serving of Ritz® crackers is 5 crackers (not the whole stack of crackers!). Also, all of the information on the label is based on one serving. If you eat two servings, you will need to double all of the rest of the numbers on the label.

Second, check the calories and calories from fat. Generally, an average man will need about 2,000 calories a day to maintain his weight; a woman needs about 1,800 calories a day. For men, no more than 600 calories should come from fat; no more than 540 fat calories for women.

Third, check the numbers for fats, sodium, carbohydrates and protein. You can look either at the grams (g) or milligrams (mg) for each item. You can also look at the “% Daily Value”. This number tells you the percent of how much you should have for the day.

Fourth, look at the vitamins and minerals. The two vitamins that will always be listed are vitamin A and vitamin C. The minerals are calcium and iron. Usually, the label will only list the “% daily value”, not the actual milligrams. Try to find foods that have higher numbers here.

The bottom line when looking at food labels is to watch the portion sizes and watch the numbers.

Questions or Comments?

If you have any questions or topics you would like addressed in *To Your Health* feel free to contact:

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To Your Health is published quarterly for VAPAHCS veterans and their families.

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Tips for Healthy Living

- Take a family walk after dinner.
- Eat half your dessert.

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